| Application<br>10/552,3<br>plicant(s): Fara  |   |   | Date                              |             | Evernines       |         |             |
|--|---|---|-----------------------------------|-------------|-----------------|---------|-------------|
|  | 000   |   | Filing Date Examin                |             |                 |         | Art Uni     |
| olicant(s): Fara   |   | October 3, 2005                         |                                   | B. S. Szmal |                 |         | 3736        |
|  | marz Jadidi   |   |                                   |             |                 |         |             |
| ention: METHC  |   |   |                                   |             |                 | TIVITY  |             |
| ansmitted herev<br>ne fee has been   | vith is an ame  |   | above-identifi                    | ed appl     |                 |         |             |
|  |   |   | S AS AMENI                        |             |                 |         |             |
|  | Claims<br>Remaining<br>After<br>Amendment                         | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present |             | Rato            |         |             |
| Total Claims   | 26  | - 26 =                                  | 0                                 | х           | 30.00           |         | 0.00        |
| ndependent<br>Claims   | 2   | - 3 =                                   | 0                                 | х           | 125.00          |         | 0.00        |
| Multiple Depende   | ent Claims (che   | ck if applicabl                         | e)                                |             |                 |         | _           |
| Other fee (please specify): Extension for response within second month                 |   |   |                                   |             |                 | 205.00  |             |
| Large Entity   | ONAL FEE FO   | OR THIS AME                             | NDMENT:                           |             |                 |         | 205.00      |
| A check in the Payment by co   | e Deposit Acc<br>e amount of \$<br>credit card.<br>is hereby auth | orized to charg                         | 7-1180 in                         | the am      | g fee is enclos | sed.    |             |
| _  |   | ng or applicatio                        | n processing f                    | ees requ    | ired under 37   | CFR 1.1 | 6 and 1.17. |
| Kevin S. MacKe<br>Kevin S. MacKer<br>Attorney/Agent F                                  | nzie  | 39                                      |                                   | E           | Dated: Or       | tober 2 | 6, 2011     |
| BIFFORD, KRAS<br>1701 Troy Cente<br>Post Office Box<br>Troy, Michigan<br>248) 647-6000 | r Drive, Suite<br>7021  | E, ANDERSON                             | N & CITKOWS                       | SKI, P.C    | <b>.</b>        |         |             |